

Name  
in  
Full

## CERTIFICATE OF DEATH

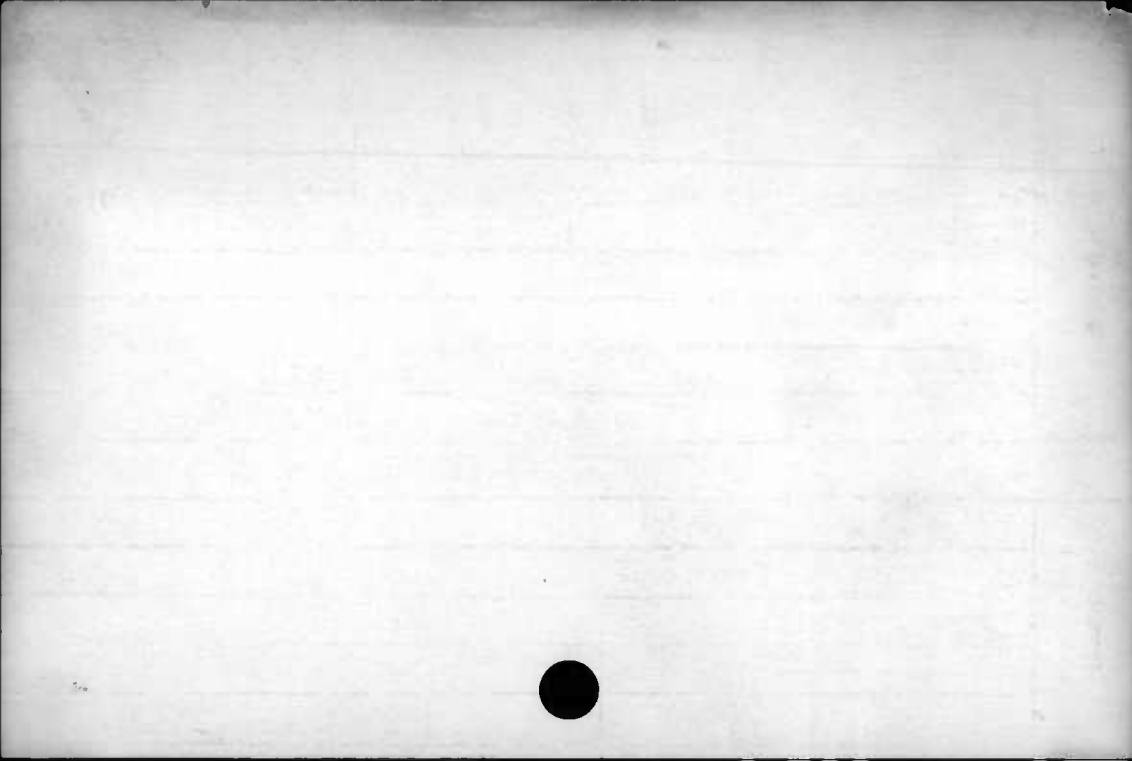
TO BE ANSWERED BY  
NEAREST FRIEND

Died <i>near Bittering</i> <sup>Town</sup>		<i>Garrett</i> <sup>County</sup>		MARYLAND	
Date of death 1903	<i>Feb</i> <sup>Month</sup>	<i>24</i> <sup>Day</sup>	Age <i>—</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>9</i> <sup>Days</sup>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>near Bittering</i>			
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Wm Carr</i>			Father's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Clara Holt</i>			Mother's Birthplace <i>Pa</i>		
Name of person giving information <i>Mrs Lizzie G. Kelly</i>			How related to deceased <i>Father &amp; Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Premature Birth</i>	How long <i>9 days</i>
Immediate <i>" "</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. A. Rainsworth</i>
	Address <i>Accident Md</i>
Accident or Suicide? <i>Q</i>	



John Cornelius  
 Town County

Died at

Ocean  
 Month Day

Y. M. D.

Native of

Occupation

MARYLAND

Date 1903

Feb 22  
 Age 59-

Married  
 Widowed

Ohio

—

Male

White

Married

Widowed

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband

of

Wife

Father's

Name

Rebecca Cornelius  
 (Carter)  
 Maiden's Name

Cause of

Primary

Heart disease  
 " "

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

M. C. Hinebaugh  
 —

Address

Ocean  
 Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Levi Joseph Edward

Town

County

MARYLAND

Died at

Deer Park, Garrett

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Feb 16

Age

3 weeks

Garrett

Male

White

~~Married~~~~Widower~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~Husband  
of

Wife

Father's

Name

Willie Edward

Maiden Name

Mother's

Edger

Cause of

Primary

Pneumonia

How long sick

1 week

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr. Laughlin 93

Address

Deer Park Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*Samuel Lazell Fingel*  
 Town County

Died at *Fingel* *Garnett* MARYLAND  
 Month Day Y. M. D. Native of Occupation

Date 1903 *Feb 21* Age *19* *mol*  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name *J. C. Fingel* Mother's Maiden Name *Barbara Fingel*

Cause of Death { Primary Immediate How long sick  
*166*  
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Barney Friend

Town

County

Swanton

Barrett

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1907

Feb 23

Age

1

1

17

Barrett

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Singl~~~~Widower~~

Number of children living

Husband of

Wife

Father's Name

Ray Friend

Mother's

Maiden Name

Jesse Not

Cause of

Primary

Brane Fever

How long sick

3 Weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr Fassenbaker

Address

Swanton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Milton Green <sup>X</sup>

Died at <sup>Town</sup> Floyd <sup>County</sup> Garrett MARYLAND

Date 1903 <sup>Month</sup> 2 <sup>Day</sup> 15 <sup>Y.</sup> Age 14 <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> Ind <sup>Occupation</sup>

Male <sup>White</sup> <sup>Married</sup> <sup>Widow</sup> <sup>Divorced</sup>  
~~Female~~ ~~Colored~~ <sup>Single</sup> ~~Widow~~ <sup>Number of children living</sup>

Husband of

Wife

Father's Name H. M. Green

Mother's Maiden Name 9 Elizabeth Buschleg

Cause of Death { Primary Immediate } <sup>How long sick</sup> 9 days <sup>Accident, Suicide, Homicide</sup>

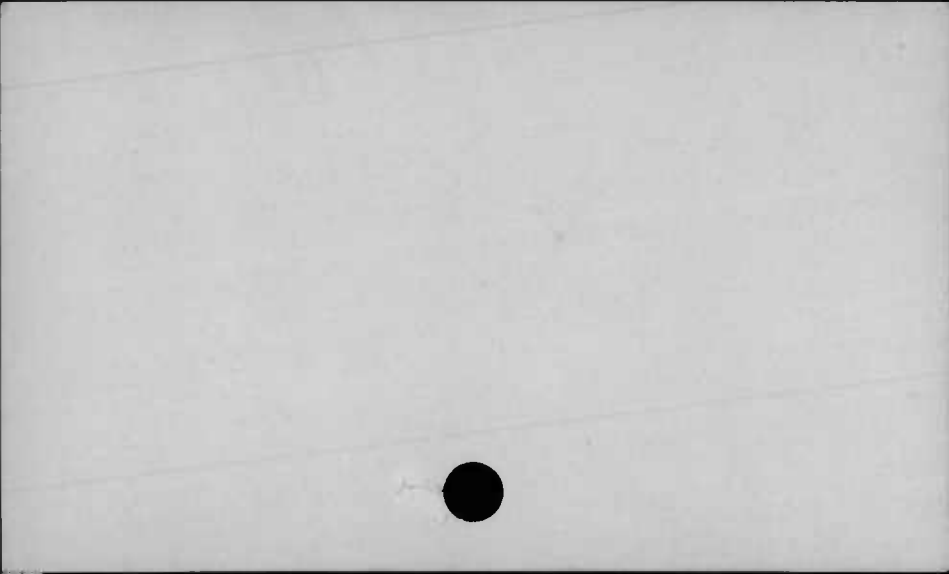
Diphtheria

Reported by

Address

Clearance Raley  
 Beckman, Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Date

Husband  
of  
WifeFather's  
NameMother's  
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

James A Paul X

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

1903

2

15

Age

11

Md

—

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of  
WifeFather's  
Name

Chas Paul

Mother's  
Name

Francis Friend

Cause of

Primary

Sudden

How long sick

Death

Immediate

Found Dead

151

Accident, Suicide, Homicide

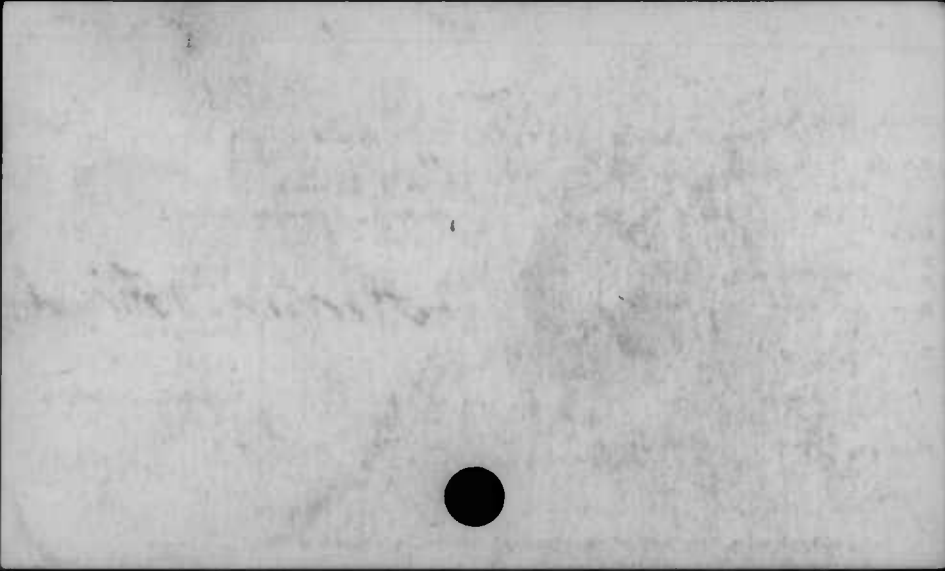
Reported by

A. Mason

Address

Friendsville

Md.



Name  
in  
Full

## CERTIFICATE OF DEATH

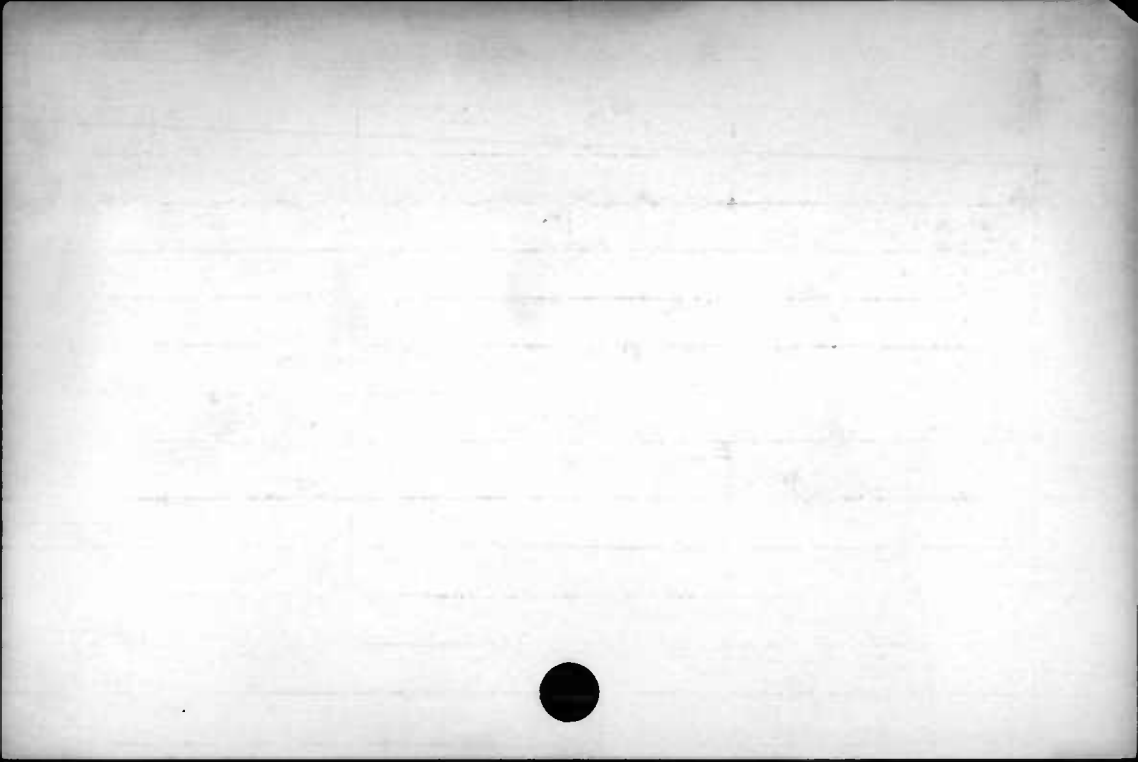
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month		Day		Years	
3		February		20		Age 20	
Sex		Color or Race		Birth-place			
Male		Caucasian		✓			
Married, Single or Widowed				Occupation			
✓				✓			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Robinson				✓			
Mother's Maiden Name				Mother's Birthplace			
✓				✓			
Name of person giving information				How related to deceased			
166				✓			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Killed by train		Instantly	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
✓		Undertaker Baldwin	
Address		Address	
✓		Adelaid	
Accident or Suicide?		md	
Accident			





Raymond S. Sweet

Town

County

MARYLAND

Died at Swanton Sweet

Month Day

Y. M. D.

Native of

Occupation

Date 1903

Feb. 1

Age 3 1 26

md

Infant

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband

of

William W. Sweet

Wife

Father's

Mother's

Name Wm W. Sweet, Maiden Name

Emma Birch

Cause of

Primary

La. Grippe

Death

Immediate

cerebral meningitis

How long sick

10

Accident, Suicide, Homicide

Reported by

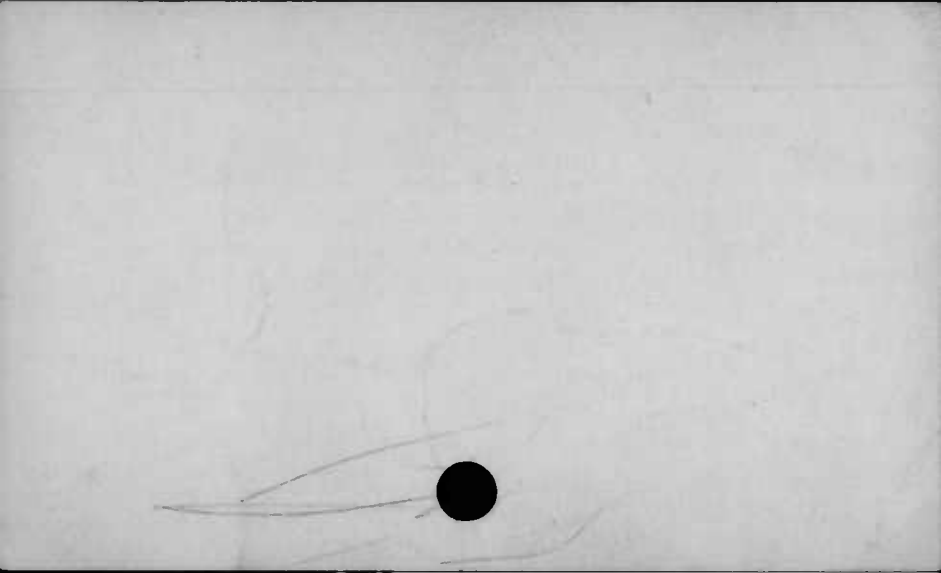
G. H. Greubaker M D

Address

Swanton

Md.,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Washington Taylor

Town

County

MARYLAND

Died at

Frederickville Garrett

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

2 14

Age 40.3.28

W. Va. Blacksmith.

Male

White

Married

~~Widow~~

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband of

Wife

Father's

Name

Mary E. Glover

Mother's

John Taylor

Maiden Name

Elizabeth Leats

Cause of

Primary

Typhoid Fever

How long sick

12 days

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

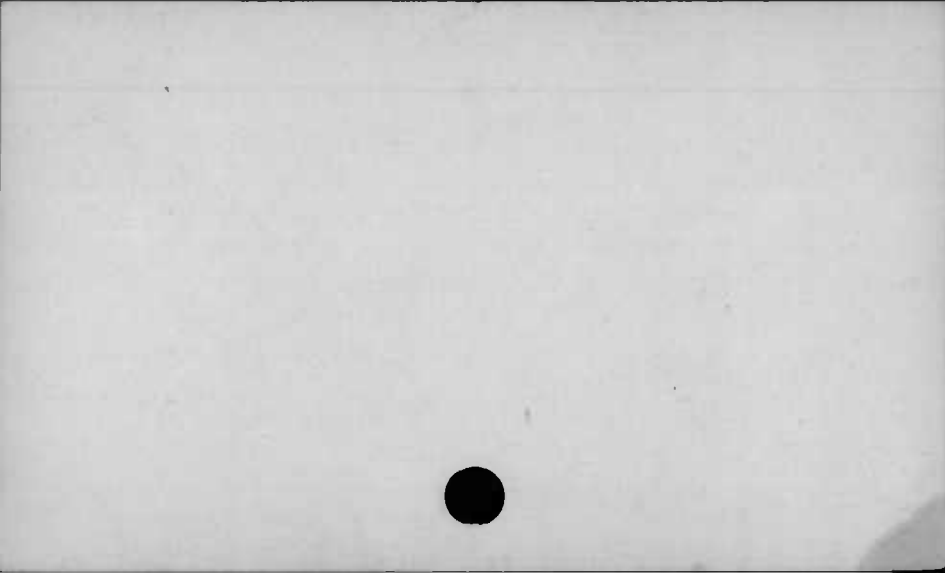
Reported by

A. Ineson M.D.

Address

Frederickville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Infant

X

Certificate of Death

Died at <sup>Town</sup> *White Rock*County *Garrett*

MARYLAND

Date 1903 <sup>Month</sup> *Feb* <sup>Day</sup> *16*Y. M. D. <sup>Age</sup> *15*

Native of

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband  
of  
WifeFather's  
Name*Peater Uphold*

Mother's

Maiden Name

*Blanch Geats*

Cause of

Primary

*convulsions*

Death

Immediate

How long sick

*from birth*~~Accident, Suicide, Homicide~~

Reported by

Address

*S. Savage, Undertaker*  
*Herndonville Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

